

DMV Lane Technician Observation Report

DMV Technician: <u>Lampky - Erica</u>		Position: <u>1 or 2</u>	
Station: <u>New Castle</u>		Date: <u>1-29-13</u>	Time: <u>1:15</u>
Vehicle Make: <u>Buick</u>		Model: <u>Envoy</u>	Year: <u>2008</u>
GVWR: <u>6411</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>PO 962875</u>	
Auditor: <u>Cowdell</u>		Covert / Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
New Castle and Kent Counties Only		<input type="checkbox"/>	<input type="checkbox"/>
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Sussex County Only		<input type="checkbox"/>	<input type="checkbox"/>
8. Was Curb Idle testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

DMV Lane Technician Observation Report

DMV Technician: <i>Le Grande, M.</i>		Position: <u>1 or 2</u>	
Station: <i>New Castle</i>		Date: <i>1-29-13</i>	Time: <i>1:12</i>
Vehicle Make: <i>TOYOTA</i>		Model: <i>Previa</i>	Year: <i>1991</i>
GVWR:	Fuel Type: <i>GAS</i>	Registration Number: <i>PO 94687</i>	
Auditor: <i>Corradale</i>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?	<input checked="" type="checkbox"/>		
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Two-Speed Idle testing performed?	<input checked="" type="checkbox"/>		
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			

DMV Lane Technician Observation Report

DMV Technician: <i>Botham Will</i>		Position: <i>1 or 2</i>	
Station: <i>New Castle</i>	Date: <i>1-29-12</i>	Time: <i>1:25</i>	
Vehicle Make: <i>NISSAN</i>	Model: <i>Altima</i>	Year: <i>2002</i>	
GVWR:	Fuel Type:	Registration Number: <i>736106</i>	
Auditor: <i>Cowdell</i>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			

Revised 7/26/12